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PTO/SB/05 (4/98)
09/26/00
04/03/01

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. EFIM0261
First Inventor or Application Identifier Steinberg		
Title Method and Apparatus for Automated Image Correction...		
Express Mail Label No. EL540887300 US - A		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages 23]		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 2]		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		8. <input checked="" type="checkbox"/> 37 C.F.R. § 73(b) Statement of Attorney	
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)		9. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> DECLARATION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.23(b).		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
*NOTE FOR ITEMS 1 & 3: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		11. <input type="checkbox"/> Preliminary Amendment	
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/06-12)	
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		15. <input type="checkbox"/> Other:	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22862 (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Date	4/3/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12
 See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$) 948.00

Complete if Known

Application Number Unassigned
 Filing Date Herewith
 First Named Inventor Steinberg
 Examiner Name Unassigned
 Group / Art Unit Unassigned
 Attorney Docket No EFIM0261

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 05-0770

Deposit Account Name Electronics for Imaging

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)						
101	760	201	380			Utility filing fee	710.00
106	310	206	155			Design filing fee	
107	450	207	240			Plant filing fee	
108	760	208	380			Resubmission filing fee	
114	150	214	75			Provisional filing fee	
SUBTOTAL (1)							710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
31	20	11	118.00
2	3	0	0.00
123	50	123	
Multiple Dependent			

*For number previously paid, if greater, For Resubmissions, see below

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)			
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Resubmission independent claims over original patent
110	18	210	9	** Resubmission claims in excess of 20 and over original patent
SUBTOTAL (2)				
(\$) 198.00				

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)						
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	239	130			Non-English specification	
147	2,520	147	2,520			For filing a request for reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	380	216	190			Extension for reply within second month	
117	870	217	435			Extension for reply within third month	
118	1,360	218	680			Extension for reply within fourth month	
128	1,850	228	925			Extension for reply within fifth month	
119	300	219	150			Notice of Appeal	
120	300	220	150			Filing a brief in support of an appeal	
121	260	221	130			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,210	241	605			Petition to revive - unintentional	
142	1,210	242	605			Utility issue fee (or resue)	
143	430	243	215			Design issue fee	
144	580	244	290			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Petitions related to provisional applications	
126	240	126	240			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (limes number of properties)	40.00
146	760	246	380			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249	380			For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____							
Other fee (specify) _____							
* Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)							40.00
(\$) 40.00							

SUBMITTED BY

Name (Print/Type) Michael A. Glenn

Registration No (Attorney/Agent)

30,176

Complete if applicable

Telephone 650-474-8400

Signature

Date 4/3/01

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